

CHECK-OUT OF TECHNOLOGY EQUIPMENT/MATERIALS

Intended Use Of Equipment/Materials:

Place Equipment/Materials Will Be Used:

Check-out Date: _____

Return Date: _____

I have read the District's Administrative Guideline 7530B and assume full responsibility for the equipment/materials listed above.

Signature of Person Requesting the Equipment/Materials

Date

Signature of Person Taking Equipment/Materials

Date

Signature of Staff Member Providing the Equipment/Materials

Date

Signature of Principal

Date

Signature of Superintendent
(Needed only if equipment/materials will be used out of the District)

Date

Condition of Equipment/Materials When Returned: ___ Satisfactory

___ Unsatisfactory

Signature of Staff Member Receiving the Check-In
(upon return of equipment/materials)

Date Returned